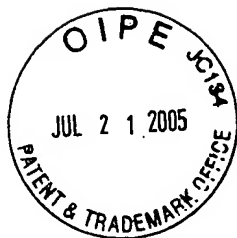


07-22-05

IFW/A



PATENT  
Q147-US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Hisashi Tsukamoto et al.  
Serial No: 10/718,927  
Filed: November 19, 2003  
For: IMPLANTABLE MEDICAL POWER  
MODULE

Art Unit: 2838  
Examiner: Edward H. Tso

CERTIFICATE OF MAILING VIA EXPRESS MAIL (37 CFR 1.10)

Express Mail No.: EL993198489US

Dated: July 21, 2005

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that the following attached documents are being deposited with the United States Postal Service for "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. Transmittal Letter
2. Fee Transmittal Letter (in duplicate)
3. Amendment and Request for Reconsideration
4. Terminal Disclaimer (in duplicate)
5. IDS, PTO Form 1449 and copies of cited references
6. Form PTO-2038, credit card authorization
7. Self addressed stamped postcard

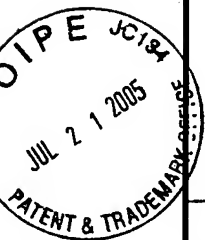
July 21, 2005

Date of Deposit

Lisa K. Robbins

Name of Person Mailing paper or fee

Signature



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>Total Number of Pages in This Submission</b>	<b>Application Number</b>	10/718,927
	<b>Filing Date</b>	November 19, 2003
	<b>First Named Inventor</b>	Hisashi Tsukamoto et al.
	<b>Group Art Unit</b>	2838
	<b>Examiner Name</b>	Edward Tso
	<b>Attorney Docket Number</b>	Q147-US2

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	<b>Assignment Papers (for an Application)</b>  <b>Drawing(s)</b>  <b>Licensing-related Papers</b>  <b>Petition to Convert to a Provisional Application</b>  <b>Power of Attorney, Revocation Change of Correspondence Address</b>  <input checked="" type="checkbox"/> <b>Terminal Disclaimer</b>  <b>Request for Refund</b>  <b>CD, Number of CD(s)</b> _____	<b>After Allowance Communication to Group</b> <b>Appeal Communication to Board of Appeals and Interferences</b> <b>Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)</b>  <b>Proprietary Information</b>  <b>Status Letter</b>  <b>Other Enclosure(s) (please identify below):</b> <div></div>
<b>Remarks</b> _____		

Customer Number or Bar Code Label

31815

(Insert Customer No. or Attach bar code label here)


The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 7/21/2005

Phone: (818) 833-2014  
Fax: (818) 833-2065

By:

  
Travis Dodd  
Attorneys for Applicant(s)  
P.O. Box 923127  
Sylmar, CA 91392-3127

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail  
In an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: \_\_\_\_\_

Typed or printed name

TRAVIS DODD

Signature

Date



## FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

<b>TOTAL AMOUNT OF PAYMENT:</b>	<b>\$ 245.00</b>
<b>METHOD OF PAYMENT (check One)</b>	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:  Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC  <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other – Credit Card

### 2. UTILITY Basic Filing Fee & Claims


(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$ .00
Total Claims	27 - 70 =	0	X \$ 50.00	X \$ 25.00	\$ .00
Independent Claims	3 - 7 =	0	X \$ 200.00	X \$ 100.00	\$ .00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$ .00
<b>Total of above Calculations =</b>					<b>\$ .00</b>

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
<b>Total of above Calculations =</b>			<b>\$ 00.00</b>

### 3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Terminal Disclaimer	\$	\$	\$65.00
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
<b>TOTAL:</b>			<b>\$245.00</b>

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/21/2005